

Delray

THE RURAL DISTRICT OF ALTON

ANNUAL REPORT

of the

Medical Officer of Health

and

Chief Sanitary Inspector

for the year

1953

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Vice-Chairman —W. H. Crispe, Esq.

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*Chief Sanitary Inspector and
Building Surveyor—* A. E. Bennett, C.R.S.I.,
A.M. Inst. B.E.

*Senior Additional Sanitary
Inspector—* J. H. Johnson, C.R.S.I., M.S.I.A.

*Additional Sanitary Inspector
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Clerks— W. E. Jones
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ALTON RURAL DISTRICT COUNCIL.

BARTON END,
LENTEN STREET,
ALTON, HANTS.

August, 1954.

To the Chairman and Members of the Alton Rural District Council.

Ladies and Gentlemen,

I have the honour to present the Annual Report on the sanitary circumstances, the sanitary administration and the vital statistics of the Rural District of Alton for the year 1953.

This year for comparative purposes I have included the vital statistics for the four immediately preceding years. From these you will note that over the last five years there has been no great change. With regard to the other figures, there is also no great change, with the exception of non-respiratory tuberculosis which is commented upon in the body of the report.

With regard to the sanitary circumstances of the District, you will note from the section by the Chief Sanitary Inspector that steady progress is being made with regard to water supplies, sewerage and drainage, and the housing conditions in the District.

Throughout the year I have had invaluable assistance from Mr. Bennett and the Staff, and my personal thanks are due to all of them for their unfailing and loyal co-operation.

(Signed) RANDALL MARTIN,

*Medical Officer of Health,
Alton Rural District Council.*

STATISTICS OF THE AREA **As at 31st December, 1953**

Area, in acres	..	..	..	..	..	65,256
Total estimated home population (including military)	..	..	..	..	..	25,080
Number of inhabited houses	..	..	..	..	..	6,134
Rateable value	..	..	..	..	..	£165,368
Estimated product of the penny rate 1952-53	..	..	..	..	..	£656.000

Natural and Social Conditions of Area

The Rural District of Alton consists of pleasant rolling and wooded countryside on the eastern limits of the County of Hampshire and abuts for short distances on the western boundaries of Surrey and Sussex. The rivers Wey and Rother arise from various sources in the District.

The mainstay of the populace is agricultural pursuits in which hop-growing figures largely. The District is divided into twenty-one civil parishes, of which the parish of Whitehill holds the military establishments at Bordon and Longmoor. These latter give employment to civilians in their immediate vicinity. The building trade and allied occupations give employment to many as the number of new houses built continues to grow. Several of the parishes have become popular residential areas, chief amongst them being the parishes of Grayshott and Headley, which in common with other villages still maintain their essential character.

The main communications in the Rural District are the London-Winchester, London-Portsmouth road and rail services.

VITAL STATISTICS

Births.

Total Population		24940	24480	22920	25330	25080
		1949	1950	1951	1952	1953
Live Births Legitimate	Male	202	193	218	200	209
	Female	204	155	199	221	210
	Total	406	348	417	421	419
Illegitimate	Male	17	20	18	13	20
	Female	20	19	16	16	19
	Total	37	39	34	29	39
Total Live Births		443	387	451	450	458
Live Birth Rate per 1000 Total Pop.		17·7	15·8	19·7	17·8	18·3
England and Wales		16·7	15·8	15·5	15·3	15·5
Still Births Legitimate	Male	6	3	2	6	3
	Female	5	0	5	4	8
	Total	11	3	7	10	11
Illegitimate	Male	2	0	1	0	0
	Female	1	0	0	0	0
	Total	3	0	1	0	0
Total Still Births		14	3	8	10	11
Still Birth Rate per 1000 Total Population		·56	·12	·35	·39	·44
Per 1000 Total (Live and Still) Births		31·6	7·8	17·7	22·2	24·2
Average for England and Wales per 1000 Total Population		·39	·37	·36	·42	·35

Comparability Factor is 1·18, so the adjusted Birth Rate for this District is 21·6 which is the figure for comparative purposes with England and Wales.

VITAL STATISTICS

Deaths.

	1949	1950	1951	1952	1953
From all causes	Male 109	110	134	123	117
	Female 106	93	117	100	104
	Total 215	203	251	223	221
Death rate per 1000 total Pop.	8.6	8.3	10.9	8.8	8.8
Average for England and Wales total population	11.7	11.6	12.5	11.3	11.4

The Comparability Factor for this District is 1.00, allowance thus being made for local differences in the sex and age distribution of the population, so the crude Death Rate is comparable with the Death Rate for England and Wales this year.

Maternal Mortality.

	1949	1950	1951	1952	1953
From pregnancy, childbirth and abortion	0	0	1	0	2
Maternal mortality rate per 1000 live and still births	0	0	2.18	0	4.26
Average for England and Wales	0.25	0.17	0.11	0.13	0.11

The causes of death in these three cases are given as :—

1951 .. Puerperal sepsis.

1953 .. Intraperitoneal haemorrhage due to ruptured uterus due to birth trauma of hydrocephalic foetus.

Malignant hypertension.

Toxaemia of pregnancies.

This death is one where the interval between maternal condition and death was stated to exceed 12 months.

Infantile Mortality.

		1949	1950	1951	1952	1953
Deaths under 1 year of age (legitimate)	Male	5	8	12	3	2
	Female	5	5	5	2	3
Deaths under one year of age (illegitimate)	Male	1	1	0	0	0
	Female	0	1	0	1	1
	Totals	11	15	17	6	6
Infantile Mortality Rate per 1000 live births		24.8	38.7	37.7	13.3	13.3
England and Wales Rate per 1000 live births		32.0	29.8	29.6	27.6	26.8

Attention is drawn to the fact that these rates for the Rural District owing to the small numbers involved is not statistically significant and rate comparisons with other areas or earlier years is misleading.

Neo-Natal Mortality.

		1949	1950	1951	1952	1953
Number of Deaths of infants under 4 weeks of age (legitimate)	Male	6*	9*	8	2	2
	Female	5	4*	3	2	3
	Totals	11	13	11	4	5

* Includes 1 (one) death of illegitimate baby.

The causes of death of children under one during 1953 are classified according to age and cause as follows :—

Cause of Death	1 week and under	1-4 weeks	1-3 months
Prematurity	2	1	—
Birth Injury	2	—	—
Gastro-enteritis	—	—	1

ANALYSIS OF CAUSES OF DEATH

	Diseases	Male	Female	Total
1	Tuberculosis, respiratory ..	0	1	1
2	Tuberculosis, other ..	0	0	0
3	Syphilitic disease ..	0	0	0
4	Diphtheria ..	0	0	0
5	Whooping Cough ..	0	0	0
6	Meningococcal infections ..	0	0	0
7	Acute poliomyelitis ..	0	0	0
8	Measles ..	0	0	0
9	Other infective and parasitic diseases ..	1	0	1
10	Malignant neoplasm, stomach ..	2	3	5
11	„ „ lung, bronchus ..	7	0	7
12	„ „ breast ..	0	5	5
13	„ „ uterus ..	0	2	2
14	Other malignant and lymphatic neoplasms ..	10	5	15
15	Leukaemia, Aleukaemia ..	0	0	0
16	Diabetes ..	0	0	0
17	Vascular lesions of nervous system ..	11	18	29
18	Coronary disease, angina ..	19	19	38
19	Hypertension with heart disease ..	3	1	4
20	Other heart diseases ..	20	19	39
21	Other circulatory disease ..	7	3	10
22	Influenza ..	4	1	5
23	Pneumonia ..	4	5	9
24	Bronchitis ..	6	1	7
25	Other diseases of respiratory system ..	2	0	2
26	Ulcer of stomach and duodenum ..	3	1	4
27	Gastritis, Enteritis and Diarrhoea ..	0	1	1
28	Nephritis and Nephrosis ..	2	3	5
29	Hyperplasia of Prostate ..	0	0	0
30	Pregnancy, Childbirth and Abortion ..	0	2	2
31	Congenital malformations ..	0	0	0
32	Other defined and ill-defined diseases ..	5	9	14
33	Motor vehicle accidents ..	5	2	7
34	All other accidents ..	4	4	8
35	Suicide ..	2	0	2
36	Homicide and operations of war ..	0	1	1
	All causes	117	104	221

THE SEX AND AGE DISTRIBUTION OF DEATHS

<i>Age</i>				<i>Male</i>	<i>Female</i>
Under 1	..	..	..	2	4
1-9	..	..	..	4	1
10-19	..	..	..	3	1
20-29	..	..	..	4	0
30-39	..	..	..	3	1
40-49	..	..	..	6	3
50-59	..	..	..	12	11
60-69	..	..	..	28	24
70-79	..	..	..	27	24
80-89	..	..	..	27	30
90-99	..	..	..	1	5
				117	104
Total					221

The cause of the majority of deaths registered is:—

Heart Diseases	..	..	..	81
Cancer	..	..	..	34
Vascular diseases of the brain	..	..	..	29
				144 (65%)

Attention is drawn to the fact that 75% of the deaths occurring were of people aged 60 years and over and a quarter of the deaths were of people aged 80 and over. The ages of death of the oldest inhabitants were registered as one man of 90 and two women of 95 years.

The importance of the ageing population in our communities today is stressed both nationally and locally. The care of the aged is ever becoming an increasing problem often unwillingly assumed by the younger generation with consequently increased use of the social services—old people's homes and home helps. Many such people are men and women of character and independence who are unwilling to enter old people's homes. Special accommodation therefore for them in housing schemes and the supervision with regard to meals, etc., given by home helps is an important service rendered by local authorities.

With regard to the deaths of children and young persons, those occurring under one year in this district were largely unavoidable, prematurity and birth injury accounting for five of the six.

Of the five deaths under 10, three were due to accidents, two being road deaths and of the four deaths of people aged 10-19 two were accidental. The death of young people is always a tragic occurrence and more particularly so when it is realised that accidental deaths are really avoidable deaths. The toll of the roads is far greater than the

deaths from infectious diseases and leaves far more people crippled than such diseases as poliomyelitis. The road is more to be feared than the germs we encounter and the importance of this is stressed for those who live on or near the main roads leading through the district.

PREVALENCE OF INFECTIOUS DISEASES

The following is an analysis of the cases of notifiable diseases which occurred during the year :—

Disease	1953			Totals for			
	M	F	Total	1952	1951	1950	1949
Scarlet Fever	10	16	26	15	17	29	35
Whooping Cough	51	64	115	69	106	57	33
Acute Poliomyelitis :							
(paralytic)	1	2	3	4	0	6	1
(non-paralytic)	—	—	—				
Measles	174	155	329	233	381	34	403
Diphtheria	0	0	0	0	0	0	0
Acute Pneumonia	7	7	14	10	17	9	14
Dysentery	0	0	0	0	0	0	0
Typhoid and							
paratyphoid fever	0	0	0	0	0	0	0
Erysipelas	1	1	2	1	0	0	0
Meningococcal infection	0	0	0	0	0	0	0
Food Poisoning	1	0	1	0	0	0	0
Puerperal Pyrexia	0	2	2	1	1	0	2
Totals	245	247	492	333	522	135	488

AGE AND SEX DISTRIBUTION OF 96% OF THE CASES NOTIFIED

Age Groups	Scarlet Fever		Whooping Cough		Measles	
	Male	Female	Male	Female	Male	Female
Under 1	0	0	4	9	3	3
1-4	2	2	28	29	69	65
5-9	3	14	18	22	88	73
10-14	4	0	1	0	7	8
15 and over	1	0	0	4	7	6
Totals	26		115		329	

Measles and Whooping Cough.

The large number of cases of whooping cough and measles represents the end of the epidemic of these diseases which started in the middle of 1952. The majority of these cases occurred in the first quarter and there were only a few cases of both diseases notified after the end of May.

Since May there have been no outbreaks of acute infectious diseases, only sporadic cases occurring. There were no deaths recorded from the common infectious diseases.

Poliomyelitis.

With regard to poliomyelitis, three cases occurred in the Rural District of Alton. The first case was in a girl of 13 in July, followed by a woman of 37 in August, and finally a boy of 6 in September. All cases were of paralytic poliomyelitis. There were no fatalities. There were no connections between the three cases and no discoverable association with other cases.

The investigation into the relationship between poliomyelitis and injections of diphtheria pertussis or mixed vaccines continues. The investigation into the relationship between poliomyelitis and tonsillectomy is now completed and a final report is awaited. That there is some connection between tonsillectomy and bulbar poliomyelitis is widely held and in view of this the following case is of interest.

The boy of 6 years who developed poliomyelitis has a younger brother. Both boys had been in close contact for 26 days prior to the onset of poliomyelitis in the older boy and one day before the onset the younger brother had his tonsils removed. The younger brother in spite of this close contact did not develop poliomyelitis. He did, however, develop chicken pox which is another virus disease.

Other Infectious diseases.

The one case of food poisoning notified was a case in which the disease was strongly suspected but was never confirmed bacteriologically.

No cases of ophthalmia neonatorum were notified.

The Minister of Health has had under review the arrangements for co-operation between hospitals and Medical Officers of Health regarding outbreaks of communicable diseases in Hospital. To this end he has recommended that all hospital authorities set up control of infection committees. It is important that the Medical Officer of Health be informed of all outbreaks if he is to be in a position to discharge his general responsibilities for the health of his area. This applies not only to the notifiable diseases but also to any communicable disease of epidemiological importance.

Tuberculosis.

During the year 1953, 23 cases of pulmonary tuberculosis and 12 cases of non-pulmonary tuberculosis were added to the register. Of these, 12 cases were "transferred in" to this District from other areas.

The following table indicates the age and sex distribution :—

Age		Pulmonary		Non-Pulmonary	
		Male	Female	Male	Female
Under 1	..	—	—	—	—
1-4	..	1	1	1	—
5-9	..	—	—	1	1
10-14	..	—	—	1	1
15-19	..	—	2	2	—
20-24	..	—	2	—	—
25-29	..	1	5	—	—
30-34	..	2	3	—	2
35-39	..	3	—	—	—
40 and over	..	2	1	1	2
		23		12	

There was one death from respiratory tuberculosis during 1953. The figure of 12 non-pulmonary cases, however, calls for comment. The figures for earlier years are shown for comparison :—

1944.....4	1949..... 3
1945.....1	1950..... 6
1946.....2	1951..... 1
1947.....1	1952..... 5
1948.....4	1953.....12

These figures show that there has been a marked increase during 1953 in cases of non-respiratory tuberculosis. When this occurs the milk supply becomes suspect and investigations into the cause of this increase were instituted.

By Section 28 of the National Health Service Act, 1946, statutory responsibility for preventing tuberculosis is placed upon the County Council and they are predominantly responsible for this duty. However, the hospital services, and in particular, the physicians in charge of the chest clinics have a part to play in the prevention of tuberculosis; and on district councils are placed statutory duties as sanitary authorities under the Public Health Acts and as housing authorities which have an important part in preventing the spread of tuberculous infection. The investigation mentioned above is an example. Towards co-ordinating such preventive work consultation with chest physicians and the County Council is being arranged.

The maintenance of a register of tuberculosis and the transfer of information from hospitals to district medical officers are not statutory duties, but the Minister has urged that these still be carried on.

The notification of cases of tuberculosis to District Medical Officers of Health is provided for by the Public Health (Tuberculosis) Regulations, 1952.

For the proper assessment of the amount of tuberculosis in the District these three administrative measures are important. The gravity of the tuberculosis problem in this country appears to have lessened to some extent and although the mortality from tuberculosis has fallen, the morbidity has not. This is evidenced by the increased notifications referred to above. Tuberculosis is a national problem and efforts to combat it require action from most sections of the community, lay as well as medical—and in view of the increase in this District, the early intimation of a case and a search for contacts and sources of infection is important, as it is the only way to find and treat cases of this infectious disease.

The chief objects of notification have been cited as :—

- (1) To put the doctor and patient in touch with schemes of treatment.
- (2) To secure statistical information about the prevalence of the disease.
- (3) To bring the case to the notice of the Public Health Department whose duty is to co-operate with the practitioner in preventive measures.

Notification is information which is confidential. Both doctor and patient may have fears that notification may mean the leakage of the information to employers and neighbours, and the patient and his relatives object to the supposed stigma attaching to such a diagnosis and the subsequent visits by public health officials. With regard to this latter point co-operation between general practitioners and the Public Health Department can obviate these difficulties. The question, however, of persons suffering from open pulmonary tuberculosis who are food handlers and in particular employed in the milk trade is covered by legislation designed to obviate this possible manner of spreading the infection. However, during the year no action was necessary relating to persons suffering from pulmonary tuberculosis employed in the milk trade.

Diphtheria Immunisation.

During the year no case of diphtheria was notified. There has not been a case of diphtheria in Alton Rural District now for seven years. The general acceptance of immunisation by the community as well as the general improved living and hygienic conditions is responsible for this favourable state of affairs. But the germ which causes this disease is still with us ready to strike an unprotected community. This is exemplified by the fact that in a recent outbreak in the Midlands 78 cases of diphtheria occurred and there were six deaths, all of them children who had not been immunised. The community to be protected is the children and in particular the children aged 1 and under 5.

The course of protective injections is best begun when the baby is 6-9 months old, when two small injections with 4 weeks between are given. By the time the child is five and ready to go to school, where it gets many of its infections from its wider associations, one reinforcing injection is required. This is followed by another reinforcing injection at about 10 years old to carry it through the remainder of its school career. These injections cost the parents nothing and cost the child nothing as they are practically painless and only rarely are slight reactions noted after immunisation.

The injections may be given by the child's own doctor or the treatment may be given at the child welfare clinics or at school at specially arranged clinics.

The figures for the year are given in the following tables:—

(I) Number of children who completed a course of primary immunisation				Number of Children who were given a reinforcing injection
Under 1	1& over	2-4	5-14	5-14
62	135	20	3	41

(II) Number of children at 31st December, 1953, who had completed a course of immunisation at any time before that date, *i.e.* at any time since 1st January, 1939.

Age at 31.12.53, <i>i.e.</i> born in year	Under 1 1953	1-4 52-49	5-9 48-44	10-14 43-39	Age not recorded	Total under 15 years
Number immunised	27	809	1607	2267	203	4913

You will note from these figures that 197 children of around a year old received the necessary protection.

The estimated figure of babies who could be protected judged on the average births occurring in the district is 454, so you will see that the percentage of children protected at this age is under 50%. To maintain our good record of no diphtheria in the District at least 75% of babies under 1 year should be immunised. This is the figure suggested by the Ministry but there is no reason why a greater percentage than this should not be achieved.

It is possible that the number immunised is greater than 197 as in some instances the completion and return of the record card is overlooked by the busy family doctor.

Immunisation is a simple procedure which, owing to the absence of the disease and the fears associated with it, requires the unrelenting propaganda of all concerned with the public health.

The national figures for diphtheria are given below where it will be noted new low figures are reported :

Year	Deaths	Corrected Notifications
1944	934	23,199
1945	722	18,596
1946	472	11,986
1947	244	5,609
1948	156	3,575
1949	84	1,890
1950	49	962
1951	33	664
1952	32	376
1953	24*	240*

* Provisional

Vaccination.

District Councils have no responsibilities in the matter of vaccination. It is a responsibility of the County Council who keep records, etc., and who make payment to general practitioners for the return of the vaccination forms. However, the vaccination state of the community is one of concern to all. The higher the state of immunity the less likelihood is there of an outbreak of smallpox. Of the district councils in Hampshire the Rural District of Alton stands fifth, with 59·6% of babies vaccinated; based on the number of babies vaccinated in 1952 under 12 months, expressed as a percentage of babies born in 1952.

NATIONAL ASSISTANCE ACT, 1948 (Section 47)

No action was required under Section 47 of the Act regarding the removal to suitable premises of persons in need of care and attention.

HOP-PICKING—General Review

In the Rural District of Alton there are 20 farms at which hops are grown. At each of these accommodation is provided by growers for the hop pickers in accordance with the Byelaws made by the Rural District Council of Alton, under Section 270 of the Public Health Act, 1936. The type of accommodation provided by the growers includes concrete block huts, corrugated iron huts, farm buildings and tents (one grower). However, many pickers provide their own accommodation of the tent or caravan type. It is the former class of accommodation that comes within the provisions of the Byelaws.

The majority of encampments (17) are sited in fields adjacent to the hop gardens or the farm buildings, the remainder (3) being situated in woodlands. Nineteen of the growers have permanent huts and one grower provides tented accommodation. All the huts in the district are in a satisfactory state of repair, all of them having impervious floors and the majority having concrete surrounds, which latter have proved a useful amenity in wet weather.

Approximately half the huts have wooden walls and the other half having corrugated iron walls and similarly each hut is divided up into units usually occupied by one family, and thus adequate privacy between units is ensured.

All huts have windows, glazed or unglazed, and many, in addition, have louvres, thus securing adequate ventilation and light. The majority of artificial lighting is by paraffin lamps and candles, only one farm having electric light installed. All huts have bed platforms and for those pickers not providing their own bedding, clean straw is provided.

At all camps open hearths are available for cooking, but except in the wet weather, pickers prefer to cook over open fires. Five encampments are however fitted with gas cookers. Of the 20 farms, 17 have main water laid to standpipes in the immediate vicinity of the huts, the remainder having main water transported to storage tanks at the encampment.

Latrines are of the earth trench type, with a moveable superstructure, but two farmers have adopted a chemical cesspool type with permanent superstructure.

All growers provide receptacles for refuse, which if placed adjacent to the roads are emptied by the Rural District Council's refuse disposal service.

Only one grower employs a full time supervisor of accommodation.

Prior to the commencement of the hop-picking season, all growers are circularised, drawing their attention to the provisions of the Byelaws and are also advised on the importance of properly constructed latrines and about the proper disposal of refuse. Prior to occupation all encampments are inspected and the growers' attention drawn to any defects requiring attention.

During hop-picking, routine visits are paid to camps. Once the season is over, all camps are again inspected.

In general, all camps are well maintained. For those having no supervisor, it is suggested that one picker, with or without small additional remuneration, be nominated and charged with the duty of ensuring that other pickers keep the camps tidy.

The privacy and adequacy of latrines is on the whole satisfactory, but they are far from being flyproof and the chemical cesspool type of trench latrine it is hoped will take their place. Two farmers have installed these types which are considered a big advance in camp hygiene.

The lighting and ventilation in many huts depends on the windows and louvres which might be considered poor, but is brought up to standard by the doors. This and the question of overcrowding, however, is not a problem as during the season all pickers live an out-of-doors existence. In only one of the camps is any provision made for the storage

of food and the huts are used as sleeping accommodation and food storage. The use of candles and paraffin lamps always carries with it the risk of fire, but so far no accidents of this kind have occurred.

Several voluntary organisations visit the camps during the season concerning themselves with spiritual welfare of the pickers and also deal with first aid matters.

PROVISION OF GENERAL HEALTH SERVICES FOR THE AREA

Devolution of Health Functions.

On the 1st April, 1953, there came into operation a scheme of devolution of Health functions to existing District Health Sub-Committees. In this area, the No. 7 (Alton) District Health Sub-Committee comprises the areas of the Alton Rural District Council and Urban District Council, to which sub-committee both Councils nominate members. Among the resolutions made were :

“ In order to make the fullest possible use of local knowledge and to widen interest there be developed upon the District Health Sub-Committees as far as possible responsibility for the supervision of the Health Services in the area; in particular services operating under Section 22 (Care of Mothers and young Children), Section 24 (Health Visiting), Section 26 (Vaccination) and Section 28 (Prevention of illness, care and after care, so far as that section does not relate to tuberculosis) of the National Health Service Act, 1946, as amended, provided that those functions are exercised in such a way as to conform with the existing scheme.”

Ambulance Facilities.

The Ambulance Service is conducted by the County Council who supply monthly details of journeys to the Public Health Committee.

The ambulances for the area are stationed at Alton.

Applications for the use of ambulances are made to :
The Aldershot Ambulance Station,
(Telephone: Aldershot 2244)

Child Welfare.

Child Welfare Centres are situated throughout the District at the following places and on the dates and times given. These centres are for the attendance of mothers and babies, and children under five. Activities at the clinics, at which a doctor and nurse attend, include advice on feeding and child management, immunisation, weighing and the distribution of welfare foods and certain medicaments.

Centres for children under the age of 5 years are available as follows :—

CENTRE	ADDRESS	Day of Clinic (per month)	Time p.m.
Alton	Assembly Rooms	Every Wednesday	2-4
Bentley	Memorial Hall	3rd Thursday	2-4
Binsted	Institute	4th Wednesday	2-4
Bordon	Military Welfare Centre	1st & 3rd Thursdays	2.45-4
Froyle	Methodist Hall	1st Wednesday (1st meeting 12-6-53)	2-4
Grayshott	Village Hall	First Friday	2-4
Headley	Village Hall	2nd and 4th Fridays	2-4
Kingsley	Ockham House	3rd Friday	2-4
Longmoor	Military Welfare Centre	2nd & 4th Mondays	2-4
Oakhanger	Village Hall	3rd Friday	3-4
Selborne	Village Hall	2nd Wednesday	2-4
Whitehill	Men's Club	2nd and 4th Thursdays	2-4

Health Visiting.

The following are the Health Visitors and the areas which they serve :—

NAME	ADDRESS	DISTRICT
Mrs. J. E. Morrow	13 Whitedown, Alton.	Alton, Holybourne, Chawton, Farringdon.
Miss A. M. Knapp	161a London Road, Holybourne.	Part of Bordon, Blackmoor, Binsted, East Worldham, Headley, Kingsley & Selborne.
Miss V. Gawthorp	No. 1 Bungalow, Infant Welfare Centre, Bordon.	East Tisted.
Mrs. E. E. Arnold, (née Dow)	10 Babs Field, Bentley.	Bentley, Froyle, Rowledge.
Miss M. H. Woodward	No. 2 Bungalow, Infant Welfare Centre, Bordon.	Longmoor and part of Bordon.
Miss B. B. Reynolds,	Adbeji, Hattingley Road Medstead.	Ropley, Medstead, Four Marks, Bentworth, Wield.
Miss D. McKenzie	c/o Hampshire County Council Health Centre, Bramblys Grange, Basingstoke.	Lasham.

Day Nursery.

A day nursery was provided during the year at the Manor House, Alton, which provides accommodation for children aged 2—5. The children are admitted to the nursery on priority grounds and throughout the year the nursery was well used.

During the year a new scale of charges was made based on a new form of income assessment. In Alton this made relatively little difference to the numbers attending the nursery, being on an average 3 less than the permitted number.

The need for a nursery in this district was established by the County Health Committee and the fact that the increased charge has made little difference confirms this.

Home Help Service.

A scheme of domestic help is available. The helpers are experienced women carefully chosen for their suitability for the work. They will run the home carefully, their job being to take over the housewife's work.

Home Helps are available for the following types of cases:—when the housewife is sick or has to have an operation ; when a new baby is expected ; when several members of a household are ill at one time ; and to give help to the elderly and infirm.

Application for a Home Help, accompanied by a medical certificate should be made to the District Organiser. The charge depends on the hours worked and the income of the family after certain allowances have been made.

In September the Home Help Service was re-organised, the County being divided into eight divisions. Division VI includes the Rural District of Alton and the Divisional Organiser now has her office at the Town Hall, Petersfield (Telephone—Petersfield 771/773), to whom application should be made for a Home Help.

Laboratory Facilities .

Bacteriological examinations of clinical matter (sputum, swabs, etc.) and of water, milk and foodstuffs are carried out at the Public Health Laboratory at the Royal Hampshire County Hospital, Winchester.

Chemical analyses of water, sewage, milk and other samples are carried out by arrangement with the Public Analyst, Portsmouth.

Thanks are expressed to the Director of the Public Health Laboratory Service and the Public Analyst, Portsmouth, for their ready advice and assistance granted during the year.

Midwifery and Home Nursing.

These services are administered as follows :—

DISTRICT SERVED	NURSE	SERVICE GIVEN
Alton Chawton E. & W. Worldham Farringdon	MISS D. R. HULL, S.C.M., GAS/AIR, 4 Edward Road, Alton. MRS. M. COOMBES, S.R.N., Hillcrest, Windmill Hill, Alton.	Midwifery and general nursing General nursing only
Medstead Bentworth Shalden Lasham Four Marks Wield	MISS J. CLAPSON, S.R.N. 3 Green Stile, Medstead	Midwifery and general nursing
Headley Down Grayshott Barford, Hearn Bramshott Chase	MISS M. A. CUFF, S.C.M., GAS/AIR, Nurses Cottage, School Road, Grayshott	ditto
Whitehill Bordon Longmoor Hollywater	MISS M. H. WOODWARD, S.R.N., S.C.M., 31, Savile Crescent, Bordon	ditto
Ropley West Tisted East Tisted	MISS J. A. JOHNSON, S.C.M., GAS/AIR, Kingsley, Church Lane, Ropley	ditto
Selborne Hartley Mauditt Oakhanger Blackmoor Newton Valence	MRS. R. MORGAN, S.C.M., GAS/AIR, Nurses Cottage, Selborne	ditto
Headley, Arford Deadwater Lindford Wishanger Standford Kingsley	MISS E. M. COOK, S.R.N., S.C.M., 57 Church Fields, Headley (Appointed 1-2-53)	ditto
Bentley Froyle Binsted	MRS. E. E. ARNOLD (née Dow), S.R.N., S.C.M. 10 Babs Field, Bentley	ditto

Qualifications : S.R.N.—State Registered Nurse
S.C.M.—State Certified Midwife
Q.N.—Queens Nurse
GAS/AIR—Gas and air analgesia certificate

Ante-Natal Clinics.

Clinics were held every Thursday at Alton General Hospital and at the Ante-natal Clinic, Whitehill.

The Medical Officers attending the Alton Clinics at the end of the year —

1st Thursday	Dr. W. S. Larcombe
2nd Thursday	Dr. T. C. Wilson
3rd Thursday	Dr. H. E. Larcombe
4th Thursday	Dr. A. F. Goode.

An Assistant County Medical Officer of Health conducts the Whitehill Clinic.

School Health Services.

Clinics are held as follows :

Verminous cleansing	Red Cross Hut, Normandy Street, Alton.
Scabies	Isolation Hospital, Alton.
Orthopaedic	Lord Mayor Treloar Hospital, Alton.
Ear, nose and throat	Alton General Hospital.
Dental	At Schools.
Ophthalmic and orthoptic	Alton General Hospital.
Child guidance	Health Centre, Winchester.
Speech therapy	Leighton, High Street, Alton.

Tuberculosis.

Clinics are held at Aldershot, Basingstoke and Winchester, whilst sanatoria are available at Bishopstoke, Chandlers Ford, Liphook and Alton (Morland Hall (The Henry Gauvain Hospital) and Lord Mayor Treloar Hospital).

Venereal Diseases.

Clinics are held at Aldershot, Basingstoke and Winchester.

Area Welfare Officer.

The Area Welfare Officer is Mr. C. Hemsley, whose office is at Manor Park House, Aldershot, Telephone: Aldershot 2341). His assistant is Mr. P. H. Dean, County Council Health Centre, Brambly Grange, Basingstoke, Telephone : Basingstoke 934.

REPORT OF THE CHIEF SANITARY INSPECTOR AND BUILDING SURVEYOR 1953

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply.

There are piped main supplies in every parish of the district as follows :

Wey Valley Water Co.

Bentley	Binsted	Chawton
East Tisted	Farringdon	Four Marks
Froyle	Grayshott	Headley
Kingsley	Newton Valence	Ropley
Selborne	Whitehill	Worldham

Mid-Wessex Water Co.

Bentworth	Lasham	Medstead
Shalden	Wield	

Private estate supply.

West Tisted

Extensions of main supplies were completed during the year in the Parishes of Whitehill, Binsted and Headley.

The mains supplies in the area have been satisfactory, both in quality and quantity throughout the year. Samples are regularly taken for analysis by the Water Undertakers themselves.

Other domestic supplies in the district are from wells, springs and underground rain water storage tanks.

Samples as under were taken from private water supplies, *i.e.*, wells and rainwater storage tanks :—

For chemical analysis	—7	For bacteriological analysis	—59
Results—Satisfactory	6	Results—Satisfactory	28
Unsatisfactory	1	Unsatisfactory	31

Water Supplies.

Where samples were found unsatisfactory appropriate action was taken to secure satisfactory supplies. In one case, the Council are extending water mains to supply several properties in one road, and four properties were connected to existing main supplies.

Particulars as to the number of properties and population served in each parish are as follows :—

Parish	Area, in acres	No. of houses at 31-12- 53	No. of houses supplied			Population supplied (estimated)		
			Direct	By stand pipe	Total	Direct	By stand pipe	Total
Bentley ..	2483	265	254	—	254	750	—	750
Bentworth ..	3763	190	163	—	163	500	—	500
Binsted ..	7799	471	319	—	319	1250	—	1250
Chawton ..	2194	148	92	—	92	300	—	300
East Tisted ..	2621	68	38	—	38	150	—	150
Farringdon ..	2105	179	138	—	138	400	—	400
Four Marks ..	1502	420	225	—	225	800	—	800
Froyle ..	4641	206	194	—	194	600	—	600
Grayshott ..	901	461	449	—	449	1450	—	1450
Headley ..	4771	878	703	—	703	2100	—	2100
Kingsley ..	1540	143	94	—	94	250	—	250
Lasham ..	1797	53	48	—	48	180	—	180
Medstead ..	2809	437	235	—	235	750	—	750
Newton Valence	2069	81	33	—	33	120	—	120
Ropley ..	3704	415	202	—	202	650	—	650
Selborne ..	4830	379	278	—	278	850	—	850
Shalden ..	2160	111	94	—	94	300	—	300
West Tisted ..	2354	63	27	—	27	80	—	80
Whitehill ..	5509	977	716	—	716	2400	—	2400
Wield ..	2104	68	54	2	56	180	4	184
Worldham ..	3868	121	100	—	100	350	—	350
Totals ..	65526	6134	4456	2	4458	14410	4	14414

Sewerage.

Part of the Parish of Bentley is sewered, the effluent being treated by broad land irrigation.

A scheme for the sewerage of the greater part of the Parish of Whitehill is proceeding under contract, discharge being into treatment works at Lindford. The temporary housing site of 50 prefabricated bungalows at Lindford and the permanent housing site of 186 houses at Alexandra Park, Bordon, are connected to the sewer. In addition there were 26 private connections made during the year, making 102 private connections in all.

Work on a sewerage scheme for the Holt Pound area of the Parish of Binsted with discharge by arrangement into the sewers of the Farnham Urban District Council, commenced in October, 1953.

Schemes for the sewerage of the parishes of Headley and Grayshott have been approved, whilst schemes have been prepared for areas of other parishes.

The larger Council Housing Estates where sewers are not available are provided with estate treatment works.

Drainage.

The increased tendency to instal domestic drainage systems *i.e.*, cesspools and septic tanks, to serve individual properties has been maintained throughout the year.

PUBLIC CLEANSING

Refuse Collection.

A general scheme of full refuse collection throughout the district is in operation.

Weekly collections of refuse and salvage are made in the Parishes of Grayshott and Whitehill, the remainder of the district being served fortnightly.

Disposal is by means of controlled tipping. Refuse from Bordon Camp is also disposed of at the Council's tip at Bordon. The Council now undertake collection of domestic refuse from the Married Quarters in Bordon and Longmoor Camps (once weekly).

Salvage.

Although the market requirements for salvaged waste paper fell considerably during the year, collection was maintained; the quantity sold during the year amounted to 19 tons, 17cwts. 0qtrs.

Cesspool Emptying.

Cesspools and septic tanks were emptied throughout the district upon application as follows :

Private properties	..	..	..	1156 loads
Council properties	..	..	..	441 loads
Bordon Sewerage Works	..	..	..	75 loads
				<hr/>
Total	..	..	..	1672 loads
				<hr/>

Nightsoil Collection.

Collections are made in defined areas of the various parishes as follows :—

Twice weekly Grayshott, Whitehill (Bordon, Whitehill, Greatham and Lindford), Chawton, Farrington, Selborne (village), Headley (Arford).

Once weekly Bentley, Froyle, Bentworth, Shalden, Lasham, Medstead, Wield, Ropley, East Tisted, Newton Valence, Binsted, Kingsley, Worldham, Headley (Standford), Selborne (Oakhanger & Blackmoor).

Note—All Public Cleansing work is carried out by the Council's own vehicles and staff.

HOUSING ACTS, 1936 to 1949

	No. of Houses	No. of persons displaced
Houses demolished as a result of formal procedure (Section 11)	1	1
Houses demolished as a result of informal procedure (Section 11)	—	—
Houses closed in pursuance of an undertaking given by owners and still in force (Section 11)	2	6
Demolition orders made but not enforced (Section 11)	3	—
Houses made fit as a result of formal action by Local Authority under the Housing or Public Health Acts	1	—
Houses made fit as a result of informal action by Local Authority under the Housing or Public Health Acts	25	—

RURAL HOUSING

The Housing Act, 1949, which received the Royal Assent on the 30th July, 1949, makes provision, inter alia, for Local Authorities to make grants to private owners for the improvement of private dwellings, provided that the dwellings after improvement comply with specified conditions and standard.

Four applications made by private owners relating to 5 properties under the provisions of the Act were approved during the year.

INSPECTION AND SUPERVISION OF FOOD

All home killed meat delivered to the shops in the district came from Government controlled slaughterhouses situated outside the district.

The following foodstuffs were surrendered for condemnation :—

Home killed meat (fresh)	117 lbs.
Cheese	11½ lbs.
Chocolate	¼ lb.
Currants	28 lbs.
Raisins	15 lbs.
Meat	91 tins
Vegetables	89 tins
Fish	13 tins
Fruit	115 tins
Soup	10 tins
Milk	58 tins
Jams	11 tins

Pickles and sauces	..	5	jars
Tea	.. ..	4	lbs.
Confectionery	.. ..	13	lbs.
Dates	.. ..	72 $\frac{1}{2}$	lbs.
Biscuits	.. ..	36 $\frac{1}{2}$	lbs.
Cereals	.. ..	70	lbs.
Sundry	.. ..	16	packets

Special examination of food was necessary where stocks of foodstuffs were affected by flooding from the adjoining highway and fields. About 165 lbs. of biscuits, cereals, tea, dried fruit, confectionery, etc., were condemned.

Condemned food is either disposed of locally for animal feeding or destroyed.

Number of Food Premises in Area.

Licensed Victuallers' houses and clubs	..	56
Bakehouses	.. ..	4
General Stores	.. ..	58
Greengrocers	.. ..	3
Confectioners	.. ..	9
Cafes	.. ..	18
Wholesale Grocers' Warehouses	..	3
Butchers	.. ..	11
Chemists	.. ..	2
Hotel	.. ..	1
Registered Dairies	.. ..	2
Registered food premises	.. ..	32
Total		199

Routine inspections of food premises are carried out.

There are no ice cream manufacturers in the district.

No clean food organisation exists in the district.

Milk and Dairies.

Under the Food and Drugs (Milk and Dairies) Act, 1944, which came into operation on the 1st October, 1949, regulations were made by the Ministries of Health, Agriculture and Fisheries and Food whereby the Minister of Agriculture and Fisheries became responsible for the registration of dairy farms and dairy farmers and for the execution and enforcement of the regulations on same, whilst local authorities retained responsibility for the provisions applicable outside of dairy farms, for the provisions relating to diseases communicable to man and for the registration of dairies other than dairy farms and of dairymen other than dairy farmers.

Regulations were also made regarding designated milk. The County Council is the responsible authority as regards producers but have delegated to the District Council their powers as regards pasteurising and sterilising establishments, of which, however, there are at present none in the district. Local authorities under these regulations are responsible for the provisions covering premises other than those at which milk is produced.

Byelaws under Section 15 of the Food & Drugs Act, 1938.

Byelaws as above for securing the observance of Sanitary and Cleanly Practices and Conditions in connection with the Handling, Wrapping and Delivery of Food and Sale of Food in the Open Air were made by the Council, being confirmed by the Minister of Food on the 3rd day of June, 1950, coming into operation on 10th July, 1950.

Routine inspections of food premises were made and advisory action taken to bring about compliance with the Byelaws.

MOVEABLE DWELLINGS

During the year 30 licences were issued for moveable dwellings, making a total number of 86 licences in force at the end of the year.

Visits and inspections were made of all dwellings and sites to ensure maintenance in a sanitary condition.

HOP PICKERS ACCOMMODATION

Special attention was given during the year to this type of accommodation.

The Council continued a system of refuse collection from the encampments in cases where growers provided proper receptacles.

There are in all 16 hop growers in 5 different parishes, providing separate hutted encampments, with, in addition, 7 tented encampments for travellers. These were all inspected both before and during occupation.

Prevention of Damage by Pests Act, 1949.

The Rodent Operator during the year carried out general inspections and treatments throughout the district as follows :—

TYPE OF PROPERTY

	(a) Council	(b) Dwelling Houses	(c) Agri- cultural (Farms only).	(d) Other including Business Premises	(e) Total
1. Total number of properties in district.	10	5560	220	515	6305
2. Number of properties inspected during year.	10	115	220	91	436
3. Number of properties found to be infested.	5	34	24	10	73
4. Number of infested properties treated.	5	14	5	6	30

Notes:—

Council houses are included in figures under column (b).

The above figures relate to the number of properties inspected and treated and not to the number of inspections or visits made.

Disinfestations on properties not treated by us are carried out by occupiers upon advice from the Rodent Operator.

Number of Inspections made—

Council properties	78	} Total 1284
Dwelling houses	98	
Agricultural	838	
Business premises	264	
Schools	6	

BUILDING BYELAWS & PLANNING

The total number of plans deposited with the Council during the year was 412 as follows :

1.	New dwellings	..	..	..	..	73
2.	Alterations and additions to existing dwellings	..				44
3.	Conversions and adaptations to form dwellings	..				3
4.	Domestic garages	..	..	..	..	37
5.	Domestic drainage	..	..	..	..	76
6.	Farm and other buildings	..	..	..	..	28
7.	Sheds and stores	..	..	..	..	8
8.	Planning only	..	..	..	..	143
Total						412

BUILDING LICENSING

Building licences were issued during the year as follows :—

<i>No. of licences</i>	<i>Nature of Works</i>	<i>Cost of Works</i>
57	New dwellings	£116,974
1	Conversions and adaptations to form additional dwellings	£ 1,500
12	Alterations and improvements to dwellings	£23,449
8	Maintenance repairs to dwellings ..	£ 5,133
78		£147,056

Inspection of work under Building Licensing involved many visits, in addition to any visits necessary under the Council's Building Bye Laws.

From the 1st January, 1953, the "free limit" for work which may be carried out in a year on a dwelling without licence was raised to £500, and quotas were discontinued in June, 1953. Fewer licences were issued, as smaller works such as the installation of domestic drainage, etc., could be undertaken free of licensing restrictions.

FACTORIES ACTS, 1937 and 1948

The following particulars are those prescribed on the administration of the above Act.

Inspections for purposes as to health :—

Premises	Number on register	Number of inspections	Number of written notices
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	27	16	Nil
2. Factories not included in above in which Section 7 is enforced by the Local Authority	12	4	Nil
3. Other premises in which Section 7 is enforced by the Local Authority ..	12	12	Nil

Cases in which defects were found :—Nil.

RANDALL MARTIN,
*Medical Officer of Health,
Alton Rural District Council.*

